



## Clinical Neuropsychological Postdoctoral Residency Program VA Loma Linda Healthcare System Applications due: December 5, 2021

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### Accreditation Status

The Clinical Neuropsychology Postdoctoral Residency program at the **VA Loma Linda Healthcare System** was accredited for a full 7 years in November 2016 by the Commission on Accreditation of the American Psychological Association in Clinical Neuropsychology. The program was the first in Southern California and only twenty-fifth in the nation to achieve this prestigious accreditation.

Questions regarding the accreditation process may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

### Application & Selection Procedures

The Clinical Neuropsychology Residency program begins on August 15, 2022. This is a two-year full-time program. Current stipend/salary is \$52,176 for year one, increasing to \$54,996 for year two. Our program is organized to provide two full years of postdoctoral training. However, advancement to the second year is contingent on successful completion of first year requirements. Vacation, sick leave, authorized leave for conferences, and health insurance are available.

**Qualifications for Residency include:** U.S. citizenship, earned doctorate in psychology from an APA-accredited program by start date (this includes completed defense of the dissertation), and completed APA-accredited internship.

It is important to note that a CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA postdoctoral resident. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this residency and fit the above criteria, you will have to sign it. All residents will have to complete a Certification of Citizenship in the United States prior to beginning the residency. We will not consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected

personnel as well as new employees. Residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection as is other staff.

Residents are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

The Department of Veterans Affairs is an Equal Opportunity Employer. Our postdoctoral program highly values cultural and individual diversity and welcomes applicants from all backgrounds.

**Please support your application with the following information due by December 5, 2021:**

- Letter of interest that clearly includes how you envision this training will further your aspirations as a clinical neuropsychologist, experience working with diverse populations, and research interests.
- Autobiographical statement to help us begin getting to know you.
- Current CV that includes a description of your internship rotations and anticipated graduation date.
- Copy of your graduate transcript(s).
- Three letters of reference from supervisors familiar with your work in neuropsychology.
- Letter of reference from your internship director, describing your progress and anticipated completion date. If your training director is also writing a letter of reference for you, please have them make it clear that they are/were also your training director and that you are expected to complete your internship by the postdoctoral residency start date.
- A letter from the chair of your dissertation committee that details the status of your dissertation and the anticipated completion date of your doctoral training. Your doctoral degree must be completed before the start date of your postdoctoral training. If your chair is also writing a letter of reference for you, please have them make it clear that you are expected to successfully complete your dissertation by the postdoctoral residency start date.

Please Note: We require submitted applications to come through the APPA CAS (APPIC Psychology Postdoctoral Application Centralized Application Service) portal (<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>). The above documents will be requested and should be submitted through the APPA CAS portal. Complete the basic demographic, education, clinical training information, and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate program(s) (emphasis area) within the Loma Linda VA Health Care System. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations").

**Deadlines:** Applications are due by **December 5, 2021**. Notification regarding interviews will take place no later than **January 7, 2022**. Interviews will be conducted at Loma Linda VA or virtually. Offers will be made after all interviews are completed and no later than **February 18, 2022**. However, we reserve the right to make an early reciprocal offer for a top candidate if contacted with evidence of a competing offer. Please note, we will NOT be participating in the APPCN Resident Matching Program this application cycle.

## Training Setting

The Clinical Neuropsychology Residency program is part of a larger Clinical Psychology Postdoctoral program at VA Loma Linda Healthcare System comprised of nine additional postdoctoral residency positions with emphasis in the following areas: one in trauma, two in health psychology, two in Primary Care Mental Health Integration (PCMHI), one in general outpatient mental health (with an emphasis in Evidence Based Psychotherapies), two in holistic mental health/interprofessional mental health, and one in psychological assessment. The first cohort of postdoctoral residents began in September 2008 in Health Psychology and Trauma. The first Neuropsychology resident began in September 2010; there have been a total of six Neuropsychology residents.

## VA Loma Linda Healthcare System



The VA Loma Linda Healthcare System, also known as Jerry L. Pettis Memorial Veterans Medical Center, opened in December 1977. It is located on a beautifully landscaped thirty-four-acre site. The four-story Medical Center building contains an internal space equivalent to fifteen football fields. The second-floor houses numerous Mental Health Service staff, including the Substance Treatment and Recovery (STAR) program, pain and health psychology, embedded mental health staff in the Emergency Department, and a 30-bed inpatient psychiatric unit. Other specialized treatment programs include the hemodialysis

unit; the Community Living Center (nursing home and hospice care, 108 beds); medical and surgical intensive care units; and a coronary care center. Neuropsychology and Homeless programs are housed in the newly constructed Valor building, which is just North of the main hospital. In October 2016, the facility opened a 300,000 sq. ft. Ambulatory Care Center (ACC) a mile up the road from Medical Center. Along with housing many Mental Health Service programs, the ACC also supports a variety of outpatient clinics such as primary care Patient Aligned Care Teams (PACT), Women's health, Post-Deployment Clinic, Preventive Medicine, Physical Medicine & Rehabilitation, and other specialty outpatient services.



Annually, Loma Linda Healthcare System serves the medical needs of approximately 71,000 Veterans. With a dedicated staff ceiling of over 3700 VA employees, hundreds of contract staff across the community-based outpatient clinics (CBOCs, and myriad volunteers, the Healthcare System provides approximately 111,096 inpatient, and 1,236,035 outpatient encounters annually (2018). Five CBOCs and one telehealth satellite clinic affiliated with the Medical Center provide access to care to veterans throughout San Bernardino and Riverside Counties. The Mental Health Service has a robust footprint within VA Loma Linda HCS, serving 23,202 unique patients and generating 204,000 encounters annually (2018). The facility is committed to its training mission and enjoys strong support. To fulfill the agency's three-fold mission of patient care, teaching, and research, the Medical Center is equipped with up-to-

date diagnostic, therapeutic, and support equipment. Medical research programs are allocated over 40,000 square feet of space, and an active affiliation is maintained with the Loma Linda University Medical and Dental Schools.

### **Psychology Section**

Within the Mental Health Service (MHS) and throughout the Healthcare System, psychologists play a vital role in virtually every program. Currently, MHS employs over 60 psychologists, which include the Psychology Executive, 3 Supervisory Psychologists, 2 Directors of Training, and numerous key section and team leads across both inpatient and outpatient care. Assignments for the staff psychologists are as follows: Behavioral Health Interdisciplinary Program (BHIP), PTSD Clinical Team (PCT), Primary Care Mental Health Integration (PCMHI), Health Promotion/Disease Prevention (HPDP), Pain/Health Psychology, Access/Intake Clinic, Inpatient Psychiatric Unit, Neuropsychology, Psychological Assessment, Dual Diagnosis/CORE, Substance Treatment & Recovery (STAR), Psychosocial Rehabilitation & Recovery Center (PRRC), High Risk Psychotherapy/Suicide Prevention, Healthcare for Homeless Veterans (HCHV), Geropsychology, Community Based Outpatient Clinics (CBOCs), Compensation & Pension, and Disruptive Behavior Committee.

The major functions of psychology within the Mental Health Service include the provision of psychological services to patients, consultation, teaching, assessment, program development and outcomes evaluation. Psychologists provide comprehensive services to inpatients and outpatients within the healthcare system and to their families through a variety of roles. In addition, they serve as members of interdisciplinary treatment teams on both inpatient and outpatient units, coordinators of vocational and psychosocial rehabilitation programs, and serve the Medical Center as consultants. Within the discipline of psychology, there is also a strong emphasis on pre-doctoral training. The 10-14 psychology practicum students and 8 pre-doctoral interns receive training within the Mental Health Service. The Psychology Internship Program has been accredited by the American Psychological Association (APA) since 1981.

### **The Veteran Population**

The Medical Center is a federally funded teaching hospital and, as such, is dedicated to the education, research, and provision of innovative healthcare services to Veterans. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice. Our goal is to prepare psychologists to work with individuals of diverse ethnic, religious, sexual orientation, and cultural backgrounds. Within the healthcare system, approximately 10.6% of our Veterans identify as female, and 89.4% identify as male. Among our cohort, Veterans self-identify as from the following racial/ethnic backgrounds: 1.1% American Indian or Alaskan Native, 2.8% Asian, 14.2% Black or African American, 2.1% Native Hawaiian or Pacific Islander, 64.8% White, 1% multi-racial, and 13.8% unknown or declined to answer.

According to the Census Bureau (2018 data) there are approximately 18 million military veterans, of which 1.7 million are women. Veterans represent about 7% of the U.S. population over the age of 18. Most Veterans served during times of war. The number of Veterans who served during the following periods of service can be broken down as follows: World War II (485,000), the Korean War (1.3 million), Vietnam era (6.4 million), Gulf War (3.8 million), and Post-9/11 from September 2001 or later (3.7 million). The 2018 Census also indicates that the Veteran population is comprised of men and women

who identify in the following ethnic categories (numbers are approximate): Caucasian (13.7 million), African American (2.1 million), Hispanic (1.2 million), Other, non-Hispanic (789,000).

## **Training Model and Program Philosophy**

The comprehensive mission of our psychology postdoctoral residency training is to provide our residents with the experiences necessary for them to become scientifically oriented, thoroughly ethical, intensively trained, and highly skilled psychologists, well-prepared as professionals in the discipline of clinical neuropsychology in the twenty-first century.

The underlying philosophy of our Clinical Neuropsychology Postdoctoral Residency Program is that sound clinical practice is based on science and that clinical experience and practice direct scientific questions and theories. As such, the program adheres to a scientist-practitioner model of professional training and education. We encourage and promote clinical practice that is evidence-based and consistent with current literature and knowledge. We strive to produce neuropsychologists who can function effectively in a variety of multidisciplinary settings, such as a VA hospital or other teaching hospitals. Although graduates of the program may ultimately choose careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that scientists will practice with a strong and informed clinical framework and clinicians will practice from a scientific basis.

Learning and training is conducted using the developmental model of supervision where we recognize and appreciate that postdoctoral residents enter their residency year(s) with varying degrees of experience and skills. As such, skill development is sequential and focuses on mastering skills (after receiving scaffolding, feedback, and appropriate amounts of support), before moving to more advanced levels of training and independence.

## **Program Goals and Objectives**

The goals of the Clinical Neuropsychology Postdoctoral Residency Program follow the core domains of professional activity and exit criteria outlined in the Houston Conference Guidelines and are:

1. For residents to develop advanced practice competence in assessment, diagnosis, and intervention with diverse adult and older adult populations with a wide range of medical and psychological presentations.
2. For residents to develop advanced competence in consultation, supervision, and teaching so they may understand and successfully work within clinic or team structures. They will also develop skills for clinical supervision of trainees using psychological principles and effectively teach others on topics related to clinical neuropsychology.
3. For residents to participate in scholarly inquiry by effectively reviewing relevant literature and integrating the science into practice as well as contribute to the scientific literature by completing a meaningful portion of a project such as manuscript preparation, presentation, or outcome assessment.
4. For residents to develop advanced skills in organization, management, administrative, and program evaluation.
5. For residents to demonstrate professionalism and adhere to ethical and legal principles.
6. For residents to develop advanced competence in integrating cultural and individual diversity into clinical practice and scholarly inquiry.

Accomplishing these goals, the residents will develop an advanced understanding of brain-behavior relationships, meet the Houston Conference Guidelines exit criteria, and be eligible for state licensure and board certification in Clinical Neuropsychology by the American Board of Professional Psychology.

### **Program Structure**

The Neuropsychology postdoctoral residency training program provides advanced clinical training in Neuropsychology and is committed to implementing the recommendations of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology that will qualify the resident for the American Board of Clinical Neuropsychology/American Board of Professional Psychology (ABCN/ABPP) diploma. This is a full-time work commitment, with an average of 40 hours worked per week. Neuropsychology residents' distribution of effort will be approximately 70% clinical, 10% research, and 20% didactics/program development.

Residents will receive training in the Neuropsychology Outpatient Clinic and will also be a part of the Polytrauma interdisciplinary team. Additionally, the resident can choose two 6-month electives. Although **assessment** is a primary concentration of this Residency, the resident will also receive training and supervision in consultation/liaison, clinical research, psychoeducation, program development, working within interdisciplinary teams, and possibly psychotherapy (e.g., EBPs, cognitive rehabilitation with Veterans with TBI or dementia). Additionally, the resident will engage in significant program administration such that when they exit the program, they will have a thorough grasp of how to run an outpatient neuropsychology clinic. While working on this rotation, the resident will also have the opportunity to participate in the supervision of psychology practicum student(s) and pre-doctoral intern(s).

### **Required Clinical Experiences**

#### **1. Outpatient Neuropsychology Clinic**

*Supervisors: Samantha French, Ph.D. and Veronica Llamas, Ph.D.*

The Neuropsychology Clinic receives consults from the entire medical center. Although most of the evaluations are done on an outpatient basis, there are opportunities for inpatient assessment. Veterans commonly referred for neuropsychological evaluations present with neurological, medical, and psychological disorders such as Alzheimer's disease, vascular dementia, subcortical dementias such as Parkinson's disease and HIV-associated dementia, seizure disorder, head injury, CVAs, encephalopathy, brain tumors, substance-induced cognitive disorders, mood disorder, and transplant evaluations. Residents are exposed to a hypothesis driven approach to neuropsychological evaluation and develop competence in clinical interviewing, test selection, administration, scoring and interpretation, report writing, and providing feedback to Veterans and their families. Residents have the opportunity to provide layered supervision to predoctoral interns and practicum students rotating through the clinic. The resident will also build strong administrative skills and learn how to run an outpatient clinic in preparation for employment post-residency. Additionally, the resident will be trained in and facilitate a cognitive enhancement group (i.e., CASED) for individuals with mild dementia. There are also opportunities for training in neurofeedback and neurostimulation. Clinical training is supported by a strong didactic base that includes:

- a. First year (Neuroanatomy) and second year (Clinical Neurology, Neuropharmacology, and Neuropathology) medical student courses at the Loma Linda School of Medicine which include brain dissection labs
- b. Two years of weekly didactic, case presentation, and fact-finding practice with multiple VA sites across the country
- c. Weekly Neuropsychology Case Conference aimed at developing skills in clinical case interpretation
- d. Monthly journal club meetings
- e. Clinical pathology (i.e., brain cutting) conferences

Additional experiences include Neurology Grand Rounds at the Loma Linda Medical Center, Evidence Based Psychotherapy (EBP) Clinic, supervision of intern case conference, neurofeedback didactics, and lecture and seminar presentation opportunities.

## **2. Polytrauma Interdisciplinary Team**

*Supervisor: Veronica Llamas, Ph.D.*

The Polytrauma Support Clinical Team is an interdisciplinary team (IDT) comprised of a physiatrist, occupational therapist (OT), speech and language pathologist, physical therapist (PT), social work case manager, and neuropsychology. The role of the team is to manage and treat Veteran's with a history of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) or other mental health conditions. The majority of Veteran's managed by the team have a history of mild TBI, though moderate and severe cases are also followed. Residents will be an integral and active member of the team by attending weekly team meetings, conducting TBI screeners, and facilitating the mild TBI education class. In addition, the resident will facilitate the neuropsychology portion of the Brain Builders program, which is an interdisciplinary treatment group focused on psychoeducation, providing cognitive compensatory strategies, teaching coping skills, and addressing instrumental activities of daily living, as well as proper posture and balance. Each session of the group is led by one member of the IDT in an effort to uphold VA/DoD treatment guidelines for mild TBI.

## **Elective Clinical Experiences**

### **1. Presurgical Evaluations**

*Supervisor: Gregory Foley, Ph.D.*

Best practices for several surgeries require a psychological evaluation as part of their pre-surgical process to determine appropriateness for surgery, identify barriers for treatment and recovery, and provide recommendations to the patient and treatment team. During the pre-surgical evaluation elective, the resident will be trained in conducting evaluations for a number of surgical procedures including bariatric surgery, amputation, and pre-transplant procedures.

#### **Surgical Procedures and Requirements:**

- **Bariatric Surgery:** Evaluations take place exclusively on an outpatient basis. Bariatric evaluations consist of chart review, a 2-hour clinical interview/testing session, and the completion of a psychological assessment report. Some evaluations will require additional contact with a Veteran's prescriber to review absorption rates for certain medications following surgery and the potential impact on their mental health. The Veteran population is diverse regarding demographics and co-morbid conditions, including eating and substance

use disorders, and may be seeking several bariatric procedures including gastric sleeve, lap band, or Roux-en-Y gastric bypass.

- *Amputation:* Evaluations may take place on an inpatient (medical) or outpatient basis. Amputation evaluations consist of chart review, a 1 to 1.5 hour clinical interview/testing session, and the completion of a brief psychological assessment report. Amputations are considered in order to address complications of medical conditions including diabetes and infection. These evaluations are frequently requested when lower-extremity amputations are required.
- *Pre-Transplant:* Evaluations typically take place on an outpatient basis; however, inpatient (medical) evaluations may take place in certain circumstances. Pre-transplant evaluations consist of a 2-hour clinical interview/testing session, and the completion of a psychological assessment report which is in keeping with national VA guidelines for transplant centers. Veterans may be requiring the following transplants: kidney (common), liver (common), stem-cell/bone marrow (somewhat common), pancreas (uncommon), heart (uncommon), lung (uncommon), and small bowel (uncommon). Co-morbid medical conditions are extensive and include diabetes, cardiovascular disease, HIV/AIDS, cancer, hepatitis, substance abuse, and severe mental illness.

## **2. Psychological Assessment**

*Supervisor: Tyson Chung, Ph.D.*

The resident will gain experience in psychological assessment and evaluation in both inpatient settings as well as outpatient settings. Inpatient settings may include the Acute Psychiatric Unit (APU), which is a locked 30 bed psychiatric unit or bedside testing as part of our Consultation and Liaison psychology team. In the outpatient setting the fellow would gain experience in many clinics including possibly our PTSD clinic, Holistic Mental Health clinic, Addictions clinic as well as general outpatient settings. Opportunities would be to gain exposure to psychological testing administration, scoring, and interpretation and report writing skills across the inpatient and outpatient settings, to learn how to utilize psychological measures within a clinical setting, and provide feedback to a multidisciplinary team to further treatment for patients. Training Goals/Objectives are to gain knowledge and experience in administration, scoring, and interpretation with the Rorschach, MMPI-2, MCMI-III, PAI, 16-PF, and other psychological measures to assist in the treatment planning of patients.

## **3. Acute Psychiatric Unit (APU)**

*Supervisor: Alison Vargas, Psy.D. and/or Gregory Foley, Ph.D.*

Residents will work within an interdisciplinary team to provide care to psychiatrically hospitalized Veterans on the 30-bed locked psychiatric inpatient ward. Residents will complete psychological assessments to help with treatment planning. Referral questions typically involve requesting assistance with diagnostic formulation, ruling out of symptom exaggeration or malingering, and screening for neurocognitive disorders. Additional opportunities include leading/co-leading daily process group and conducting individual psychotherapy with Veterans on the unit.



#### **4. Geropsychology**

*Supervisor: Shirley Kilian, Ph.D.*

The resident on the Geropsychology rotation elective works with three main populations in the Community Living Center (CLC): Veterans with a skilled nursing need due to medical condition(s), Veterans receiving acute physical rehab, and Veterans admitted for palliative care. Psychology is an active member of the treatment team and provides therapy and assessment for veterans who are dealing with issues related to aging, loss of function, cognitive decline, and grief and loss. Psychology also provides care for terminally ill veterans and their families as they face end-of-life concerns. The population ranges in age from 20 through 100, with a wide array of presenting diagnoses to include affective disorders, adjustment disorders, PTSD, dementia, delirium, substance abuse, and Axis II conditions. Veterans present with a full spectrum of medical diagnoses. The resident is a member of the interdisciplinary treatment team and contributes actively to all phases of assessment (e.g., neuropsychological screening, capacity evaluations), treatment planning, and intervention (e.g., individual therapy, pain management group, training in relaxation, assertiveness, and anger management).

#### **Supervision**

All Psychology residents are supervised in accordance with the American Psychological Association (APA) and the Board of Psychology (BOP), State of California Guidelines and Principles. The Directors of Training meet with supervisors monthly or more often to discuss the performance and growth of residents in order to provide the best training possible. At least two hours of individual supervision is also provided every week, with more as needed. In addition, the resident participates in three hours of group supervision through weekly Case Conferences in the neuropsychology clinic, and Supervision of Supervision hour and Multicultural/Diversity hour with the other postdocs. The Neuropsychology resident will also receive an hour of group supervision through weekly neuropsychology case conference. Opportunities exist for residents to provide supervision to pre-doctoral interns and/or psychology practicum students and conduct professional training seminars or presentations. Additional options for continuing education are offered throughout the training year. Outstanding library, computer, and medical media services are available to residents. Authorized leave for continuing education and professional conference attendance is encouraged.

#### **Requirements for Completion of Postdoctoral Residency**

Prior to beginning the postdoctoral residency at the Loma Linda VAMC, each resident completes a self-assessment that helps to identify areas of strength and areas for future growth. This then helps the primary supervisors to tailor the training experience for each resident. The residents are strongly encouraged to expand their clinical horizons by gaining experiences in areas that they feel less competent in while still under appropriate supervision.

At the beginning of the training year, each resident will receive a Psychology Postdoctoral Residency Manual that specifies the required competency elements within each domain. Each resident is evaluated twice per year in the above domains, or more frequently if helpful and/or necessary.

It is expected that upon completion of the program, all postdoctoral residents will demonstrate advanced competence in the following domains:

1. Brain-behavior relationships
2. Neuropsychological evaluation
3. Neuropsychological and psychological evaluation
4. Research
5. Ethical and legal standards
6. Individual and cultural diversity
7. Professional values, attitudes, and behaviors
8. Communication and interpersonal skills
9. Supervision

### Competency Rating Levels

1. **Basic Competence:** Competence below the level expected at the beginning of the fellowship. Supervision is very directive, structured, and intensive. Multiple large gaps in skills and/or knowledge are present. Remedial work is needed in this competency area.
2. **Intermediate Competence:** Competence at a level expected at the beginning of the fellowship. Supervision is frequently directive, with the supervisor providing frequent extended input during routine supervision. Large gaps in skills and/or knowledge are present and are a major focus of ongoing supervision. Other than within Elective Rotation Competencies (see below), competencies at this level during the second year may require remediation.
3. **Intermediate to Advanced Competence:** Competence at a level expected at the completion of the first year of the fellowship. Routine communication in supervision involves a combination of the fellow reporting to the supervisor and the supervisor advising the fellow, at times in a directive manner. Some gaps in skills and/or knowledge remain and are a focus of supervision.
4. **Advanced Competence:** Demonstrates a level of competence expected upon completion of the postdoctoral fellowship. Most of the routine communication in supervision is from the fellow to the supervisor. Supervision is typically collaborative, and the fellow shows at most minor gaps in knowledge and/or skills.
5. **Expert Competence:** Demonstrates a level of competence commensurate with that of an experienced practicing neuropsychologist. Almost all the routine communication in supervision is from the fellow to the supervisor. Supervision is collaborative and collegial and may resemble peer supervision between independent practitioners. There are no significant gaps in knowledge or skills in this competency area.

### Competency Expectations

Entry into Fellowship:	Ratings of <b>Intermediate Competence</b> (2) or higher for all competencies within all competency domains.
End of First Year:	Ratings of <b>Intermediate to Advanced Competence</b> (3) or higher for all competencies within all competency domains.
End of Second Year:	Ratings of <b>Advanced Competence</b> (4) or higher for all competencies within all competency domains.

## Facility and Training Resources

**Facilities:** The Medical Center has been recognized nationally as the recipient of the Robert W. Carey Organizational Excellence Award in 2003. It is located close to several other major training facilities (i.e., Loma Linda University Medical Center and Patton State Hospital), and has training agreements with both. VAMC residents are encouraged to participate in a wide range of training opportunities throughout the year, which also facilitates their completion of psychology continuing education coursework required to obtain licensure.

**Office space and equipment:** Depending upon availability, office space may be shared with another trainee. All offices include personal computers with access to VA's state-of-the art Computerized Patient Record System (CPRS), the VA and Federal government websites (i.e., intranet) for on-line continuing education, and to the Internet for research and other professional communications.

**Neuropsychology Clinic and Computer Laboratory:** The neuropsychology clinic will be supported by a full-time Psychology Technician who administers neuropsychology screening batteries and oversees the clerical activities of the clinic, including scheduling appointments, maintenance of the computer laboratory, ordering testing supplies, and computer maintenance.

The Neuropsychology Clinic Computer Laboratory is available for computerized neuropsychological assessment programs which include but are not limited to: Iowa Gambling Test (IGT), Victoria Symptom Validity Test (VSVT), Wisconsin Card Sorting Test Computer Version 4 (WCST-CV4), and online administration and interpretation of objective personality assessment instruments: Millon Clinical Multiaxial Inventory-3 (MCMI-3), Minnesota Multiphasic Personality Inventory-2 (MMPI-2), PAI (Personality Assessment Inventory), and Rorschach Interpretation Assistance Program-5 (RIAP-5). Scoring programs are available for the Behavior Rating Inventory of Executive Function Software Package (BRIEF-SP), California Verbal Learning Test-2 (CVLT-2), Halstead-Reitan Battery (Heaton), Neuropsychology Assessment Battery (NAB), Wechsler Adult Intelligence Scale-III and IV (WAIS-III and WAIS-IV), and Wide Range of Achievement Test-4 (WRAT-4).

**Library/Information Services Support:** All VAMC trainees have access to state-of-the art information services, including traditional library resources and information technology services (ITS). The Department of Veterans Affairs is a world leader in applied medical research, and this VA Medical Center is fortunate to have an active Research Service which can provide research consultation including use of Statistical Package for the Social Sciences (SPSS) for data analysis.

**Staff/Supervision:** Interaction between residents and psychology staff will be in the form of individual and group supervision, and formal and informal educational activities. Residents are invited to attend on-site CEU offerings in areas inside and outside their area of expertise and may be invited to be part of the presenting faculty for topics relevant to their emphasis area. Interaction with staff from psychology and other disciplines are available through the resident's active participation in interdisciplinary program development and treatment team meetings as well as informal case consultations.

## Administrative Policies and Procedures

The policy of the Psychology postdoctoral residency program on Authorized Leave is consistent with the national standard. Applicants are welcome to discuss this with the Director of Training.

**Due Process:** All residents are afforded the right to due process in matters of problem behavior and grievances. The due process document is distributed to and reviewed with all residents during their first week at VA Loma Linda. A copy of our due process policy is available on request.

**Privacy policy:** We collect no personal information from potential applicants who visit our website.

**Self-Disclosure:** We do not require residents to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the resident's performance and such information is necessary in order to address these difficulties.

## **Training Staff**

### **Clinical Neuropsychology Postdoctoral Residency Program Primary Supervisors:**

#### **SAMANTHA L. FRENCH**

*Director of Clinical Training – Neuropsychology Postdoctoral Residency Program*

*Neuropsychology Clinic Director*

Doctoral Program: Ph.D., 2008, University of Nevada, Las Vegas, Clinical Psychology

Predoctoral Internship: 2008, VA Palo Alto Healthcare System, Neuropsychology Track

2-Year Postdoctoral Residency: 2010, West Los Angeles VA Medical Center, Geriatric Neuropsychology

Areas of Interest: Neuropsychology, Geropsychology, dementia, fear of developing Alzheimer's disease, dementia caregiver support, rehabilitation psychology

#### **VERONICA C. LLAMAS**

*Neuropsychology & Polytrauma*

Doctoral Program: Ph.D., 2014, Loma Linda University, Clinical Psychology

Predoctoral Internship: 2014, VA Loma Linda Healthcare System

2-Year Postdoctoral Residency: 2016, VA Loma Linda Healthcare System

Areas of Interest: Neuropsychology, polytrauma, geropsychology, dementia, non-pharmacological treatment of dementia, cognitive stimulation

### **Adjunct Staff/Supervisors:**

#### **KELLIE ASHBY**

*Behavioral Health Interdisciplinary Program*

Psy.D., 2015, University of La Verne, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia (group and individual), and Cognitive Behavioral Therapy for Depression (group and individual). Other interests include assessment, trauma work, Motivational Interviewing, and strengths-based psychotherapy.

#### **CHRISTINA BALESH**

*Behavioral Health Interdisciplinary Program (BHIP)*

Psy.D., 2016, University of La Verne, Clinical Psychology

Clinical Interests: Cognitive Behavioral Therapy for Depression, Dialectical Behavioral Therapy, anger management, individual and group treatment, and multicultural and diversity issues.

**LORI BRODIE**

*Behavioral Health Interdisciplinary Program*

Ph.D., 2003, University of California, Santa Barbara, Counseling/Clinical/School Psychology

Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy for PTSD, Acceptance and Commitment Therapy, Biofeedback, psychological evaluation for weight loss surgery, cross-cultural and diversity issues.

**JOSHUA M. BULEY**

*Behavioral Health Interdisciplinary Program - Evaluation*

Psy.D., 2004, Indiana State University, Clinical Psychology

Cognitive behavioral therapy, differential diagnosis, professional issues.

**LA TANYA BUSBY**

*Behavioral Health Interdisciplinary Program; Victorville CBOC*

Ph.D. 2002, California School of Professional Psychology

Depression and anxiety disorders, PTSD. Provide individual and family, couples therapy sessions as well as group therapy using Cognitive Behavioral strategies. Areas of interest include the assessment and treatment of geriatric populations with cognitive, and mental health disorders.

**XIAORUI (SHIRLEY) CHEN**

*Behavioral Health Interdisciplinary Program*

Psy.D., 2017, Pepperdine University, Graduate School of Education and Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD, Cognitive Behavioral Therapy for Anxiety (CBT-A; group and individual), Cognitive Behavioral Therapy for Depression (CBT-D), Dialectical Behavior Therapy (DBT) skills (group), Acceptance and Commitment Therapy (ACT), and Image Rehearsal Therapy (IRT) for nightmares. Other interests include trauma work, such as PTSD coping skills, and parenting with PTSD (group).

**TYSON CHUNG**

*Behavioral Health Interdisciplinary Program*

Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Psychological assessment, outpatient psychotherapy

**PAUL CUSTER**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*

Ph.D. 2001, Fuller Theological Seminary, Graduate School of Psychology

Post Doctoral Fellowship at Patton State Hospital, 2002

Severe mental illness, psychodynamic psychotherapy, integrating theoretical approaches, professional training and development

**LUTHER E. DAVIS**

*Psychology Executive*

Ph.D., 2006, Loma Linda University, Clinical Psychology; ABPP

Program management and policy, cognitive-behavioral therapy, primary care mental health integration, motivational interviewing, cognitive processing therapy, military mental health, and individual/group psychotherapy

**ANDREW DiSAVINO**

*Behavioral Health Interdisciplinary Program, Loma Linda VAMC*

BA, Rutgers University 1984

MA, New School for Social Research 1986

PsyD, Florida Institute of Technology 1990

ABPP in Clinical Psychology

Background in behavioral medicine, neuropsychology, and PTSD. Individual and group cognitive-behavioral psychotherapy with general mental health populations.

**MELINDA DOUNNGRATDY**

*Suicide Prevention Program*

Psy.D., 2017, Hawaii School of Professional Psychology, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD and Dialectical Behavior Therapy for Borderline Personality Disorder. Other interests include psychiatric inpatient treatment, severe psychotic and mood disorders, forensic evaluations (competency to stand trial and criminal responsibility), Motivational Interviewing, Solution-Focused Therapy, and other strengths-based psychotherapy.

**SERENA ENKE**

*Behavioral Health Interdisciplinary Program: Murrieta CBOC*

PhD, 2009, Colorado State University, Counseling Psychology

Group therapy, evidenced-based treatments, incorporating mindfulness into the treatment of PTSD and general outpatient mental health.

**DIEGO ESPARZA-DURAN**

*Primary Care - Mental Health Integration*

Ph.D., 2017, University of Florida, Clinical Psychology

Facilitate the Sleep, Pain, and Mood group helping individuals with insomnia, chronic pain, and mild-to-moderate symptoms of depression, anxiety, anger, and stress. Other interests include psycho-oncology, psychoneuroimmunology, and women's health.

**NANCY L. FARRELL**

*Couples Psychologist/ Behavioral Health Interdisciplinary Program*

PsyD/DrPH, 2005, Loma Linda University, Clinical Psychology & Public Health Preventive Care

Promote and provide healthy living and preventive care, health behavior change, staff training and health coaching.

**GREGORY S. FOLEY**

*Acute Psychiatry, Consultation and Liaison, and Emergency Services*

Ph.D., 2018, Fuller Theological Seminary, Graduate School of Psychology, Clinical Psychology

Treatment and psychological assessment for pain and health related conditions; Evidence-based psychotherapies including Cognitive Behavioral Therapy and Acceptance and Commitment Therapy for Chronic Pain, and Biofeedback; Brief individual and group psychotherapy for inpatients and outpatients with acute medical and psychiatric conditions; Psychological assessment for psychiatric inpatients, medical inpatients, and pre-surgical evaluations.

**MONICA M. FREDERICK**

*Behavioral Medicine Service*

Psy.D., 2006, Loma Linda University, Clinical Psychology

Health psychology: primary care integration; lifestyle and chronic illness; health beliefs; stages of change; mindfulness; clinician-patient communication.

**MARIAN GHEBRIAL**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*

Ph.D. 2005, Pennsylvania State University, Clinical Psychology

Axis I and II disorders, namely addiction, trauma, anxiety disorders, relapse prevention, individual, group, and couples psychotherapy. Cognitive-behavioral and integrative therapy models; motivational interviewing. Research interests include antisocial behavior, psychopathic personality traits and treatment outcome research.

**RICHARD GIROD**

*Healthcare for Homeless Veterans (HCHV) Psychologist*

Psy.D. 2007 Pepperdine University, Clinical Psychology

Evidenced based practice, trauma, etiology of homelessness

**JASON GOLDSTEIN**

*PTSD Clinical Team (PCT)*

Ph.D. 2015, University of Louisville

Clinical Interests: Cognitive Processing Therapy (CPT) and Acceptance and Commitment Therapy (ACT) for PTSD, integrating religious and spiritual themes into therapy, forgiveness, grief and loss, nightmare management, moral injury.

**BRYAN K. GOUDELOCK**

*Associate Director of Clinical Training, Training Director – Holistic Mental Health Program, PTSD Clinical Team*

Ph.D., 2007, Fuller Theological Seminary, Graduate School of Psychology

Interests include: CPT, PE, Moral Injury, IBCT, Motivational Interviewing, cognitive behavioral & psychodynamic psychotherapy, differential diagnosis, individual & group psychotherapy, PTSD, professional training & development, crisis assessment & intervention.

**ANTHONY HWANG**

*Suicide Prevention Program/High-Risk Therapist*

Ph.D., 2010, Brigham Young University, Clinical Psychology

Evidence-based psychotherapies: Cognitive-Behavior Therapy Enhanced for Eating Disorders, Cognitive-Behavioral Conjoint Therapy for PTSD, T.E.A.M. CBT by David Burns, MD for trauma, depression, and anxiety. Other interests include Mindfulness-Based CBT, Cognitive Processing Therapy, Prolonged Exposure, and treatment of children and adolescents.

**SHIRLEY C. KILIAN**

*Community Living Center-formerly Nursing Home Care Unit; Neuropsychology*

Ph.D., 2004, Graduate School of Psychology, Fuller Theological Seminary, Clinical Psychology.

Neuropsychology, geropsychology, differential diagnosis

**CHRISTINA LARSON**

*Behavioral Health Interdisciplinary Program, & PTSD Clinical Team*

Ph.D., 2011, University of North Texas, Clinical Psychology

Interests include Acceptance and Commitment Therapy for depression, trauma, and substance use; psychological assessment

**AMIE M. LEMOS-MILLER**

*Primary Care - Mental Health Integration*

Ph.D. 2008, University of Nevada, Las Vegas

Clinical Interests: Cognitive Behavioral Therapy for depression and anxiety, stress management, resilience & trauma, mindfulness, parenting education and support, motivational interviewing, brief/time-limited individual psychotherapy within the primary care setting.

**ROSS LISMAN**

*Psychosocial Rehabilitation and Recover Center (PRRC), Co-Occurring Recovery and Empowerment (CORE), Dialectical Behavior Therapy (DBT)*

Ph.D., 2018, Fuller Theological Seminary, Clinical Psychology

Evidence-based psychotherapies including Dialectical Behavior Therapy, Cognitive Processing Therapy for PTSD, Imagery Rehearsal Therapy for PTSD Related Nightmares, PTSD Coping Skills, Acceptance and Commitment Therapy (group and individual), Systematic Desensitization for CPAP Usage, Cognitive Behavioral Therapy for Anxiety, and Cognitive Behavioral Therapy for Depression. Other interests include trauma work, spiritually integrated care, and substance use disorders.

**CHRISTINA MANNINO**



*Behavioral Health Interdisciplinary Program*

Ph.D., 2016, Loma Linda University, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, Acceptance and Commitment Therapy for Depression/Anxiety (individual), Cognitive Behavioral Therapy for Chronic Pain (group and individual), Cognitive Behavioral Therapy for Depression (individual), and Cognitive Behavioral Therapy for Insomnia (group and individual). Other interests include trauma work, Mindfulness, and Self-compassion.

**ANNA MEDINA**

*Behavioral Health Interdisciplinary Program*

Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Cognitive Behavior Therapy (individual therapy), Cognitive Processing Therapy for PTSD, Psychological Assessments, Pension and Compensation Evaluations, Seminars on topics relevant to adjustment issues for OEF/OIF/OND Veterans returning from deployment. Other interests include: Spirituality and healing, Dialectical Behavior Therapy, and Psychopharmacology as it relates to healing, recovery, and symptom management.

**MOLLY MUNDS**

*Health/Pain Psychologist on ACE Team (Acute Psychiatric, Consultation & Liaison, Emergency Room)*

Ph.D., 2017, Alliant International University/CPSS Los Angeles, Clinical Psychology

Cognitive Behavioral Therapy for Chronic Pain groups and individual, program development, Motivational Interviewing for health-related behaviors, assessment and triage for diagnosis such as adjustment disorder due to medical conditions, and occasional amputation evaluations. Common comorbidities include SUD, liver failure, kidney failure, diabetes, and obesity. Interested in ACT for Chronic Pain and Biofeedback.

**JOE NEE**

*Behavioral Health Service: Primary Care Mental Health Integration (PCMHI)*

Ph.D. 2015, California School of Professional Psychology at Alliant International University, Los Angeles

Interests include: multicultural and diversity issues, mental health disparities, evidence-based approaches to psychotherapy, short term approaches to psychotherapy, Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and Motivational Interviewing.

**MICHAELA SANDOVAL**

*Psychosocial Rehabilitation Recovery Center (PRRC)/Co-Occurring Recovery Empowerment (CORE)/Dialectical Behavioral Therapy (DBT) Provider*

Unlicensed Graduate Psychologist; Palo Alto University, Clinical Psychology, Emphasis in Forensic Psychology

Provides individual and group therapy utilizing Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, substance abuse counseling, and Mindfulness. Other interests include Positive Psychology, Motivational Interviewing, research on stigma and discrimination, criminal justice contact, and LGBTQ+ communities.

**EDWARD B. SINGER**

*Substance Treatment and Recovery (STAR) Program, VA Loma Linda Healthcare System*

Ph.D. 2013, Alliant International University, Clinical Psychology

Treatment of comorbid substance use and mental health disorders, including PTSD, anxiety and mood disorders. Cognitive-behavioral and integrative therapy models. Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for trauma; Motivational Enhancement Therapy (MET) for substance use; Anger Management; Mindfulness and DBT skills training. Research interests include post-traumatic resilience factors (adaptive humor style, creative expression).

**MARY STEPHENS-LEVY**

*Suicide Prevention- High Risk Therapy Team*

Ph.D., 2007, University of Colorado at Colorado Springs, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Depression (group and individual). Other interests include assessment and treatment of suicidality, Motivational Interviewing, and Interpersonal Psychotherapy Informed treatment for Depression and Complicated Grief.

**KENDRA TRACY**

*Behavioral Health Interdisciplinary Program*

Ph.D., 2014, University of Nevada, Las Vegas, Clinical Psychology

Interests include trauma and sexual victimization/perpetration; Acceptance and Commitment Therapy, Cognitive Processing Therapy, Psychodynamic Therapy

**ALISON FLIPSE VARGAS**

*Mental Health Service - ICE Team*

Psy.D., 2013, Pepperdine University, Clinical Psychology

Interests include brief individual and group psychotherapy for inpatients and outpatients with acute medical and psychiatric conditions; Psychological assessment for psychiatric inpatients & medical inpatients.

**LAUREN WARNER SIMMONS**

*Behavioral Health Interdisciplinary Program: Corona CBOC*

Ph.D., 2004, Oklahoma State University, Counseling Psychology

Evidence-based psychotherapy for PTSD (Cognitive Processing Therapy & Prolonged Exposure), mindfulness-based approaches, post-traumatic growth, patient-centered team based care, inter-professional mental health education.

**R. SCOTT WENGER**

*Director of Clinical Training, Integrated Dual Diagnosis Program, Inpatient Psychiatric Unit*

Psy.D., 2003, Pepperdine University, Clinical Psychology

Addiction Treatment, dual diagnosis program, treatment of chronic mental illness, psychological assessment, relapse prevention treatment, individual and group psychotherapy, cognitive behavioral therapy, interests in treatment of personality disorders and psychodynamic psychotherapy.

**ASHLEY WILKINS**

*PTSD Clinical Team (PCT)*

Ph.D. 2016, Fuller Theological Seminary, Graduate School of Psychology

Clinical Interests: Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT) for PTSD, moral injury, psychodynamic psychotherapy, culture and diversity in therapy, individual and group psychotherapy.

**Prior Neuropsychology Residents**

**2020-2022**

Cory Kowalski

Doctoral Program: Ph.D., Fuller Theological Seminary, Graduate School of Psychology

Predoctoral Internship: VA Puget Sound Healthcare System – American Lake Division

**2018-2020**

Michelle McDonnell

Doctoral Program: Ph.D., Loma Linda University

Predoctoral Internship: VA Long Beach Healthcare System

**2016-2018**

Yurivia Cervantes-Manzo

Doctoral Program: Ph.D., California School of Professional Psychology at Alliant International University, San Francisco

Predoctoral Internship: New York University, Rusk Institute of Rehabilitation Medicine

**2014-2016**

Veronica Llamas

Doctoral Program: Ph.D., Loma Linda University

Predoctoral Internship: VA Loma Linda Healthcare System

**2012-2014**

Troy Stettler

Doctoral Program: Psy.D., Pacific University

Predoctoral Internship: VA Pittsburgh Healthcare System

**2010-2012**

Suzanne Hilleary

Doctoral Program: Ph.D., Graduate Fuller Theological Seminary, Graduate School of Psychology

Predoctoral Internship: VA Long Beach Healthcare System

### ***Postdoctoral Residency, Admissions, Support and Initial Placement Data***

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

The comprehensive mission of our psychology postdoctoral residency training is to provide our residents with the experiences necessary for them to become scientifically oriented, thoroughly ethical, intensively trained, and highly skilled psychologists, well-prepared as professionals in the discipline of clinical neuropsychology in the twenty-first century. Furthermore, as our program is located in Southern California, another aspect of our mission is the education of our trainees to work with individuals of diverse ethnic and cultural backgrounds. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice.

**Describe any other required minimum criteria used to screen applicants:**

US citizenship/APA accredited internship/APA accredited doctoral program

### **Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Residents	52,176	
Annual Stipend/Salary for Half-time Residents	n/a	
Program provides access to medical insurance for resident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 per year	
Hours of Annual Paid Sick Leave	104 per year	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe):		

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

## Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2014-2020	
Total # of residents who were in the 3 cohorts	3	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		1
Military health center		
Academic health center		2
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.